U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 26 2005

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

ı			1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.		4. Nan	4. Name, file number, and address of labor organization.				
Name Diane L Brown		Nam	Name I.A.T.S.E. Local #354				
		labo	r Organization File Nun	mber /1/17/	a /		
			-	Section of the Assert Assert			
P.O. Box, Bldg., Room No., if	any	P.O.	Box, Building and Room	m Number, if any P	.O. Box 3	354	
Street 6823 E. 65th	Place	Stree	t	√√ ¢ dammelemelemelemele (30€ damele 400€ damele (300€ damele 400€ damele 40			
City Tulsa		City	Tulsa	matiriatum damiriik da Dieme di Mirada attiribili de dadiem Mirada emma di metrologica.	the part assessed and the facility of the part of the		
State Oklahoma	ZIP Code + 4 741:	33-4010 State	Oklahoma		ZIP Code + 4	74101-0354	
5. Position in labor organization	Spouse of Stephen D.	Brown					
	ow if, during the past fiscal year, you (except as specific	d in the exclusions se	forth in the instruction	s):	he following ir	nterests	
monetary value from an en	ployer whose employees you	r organization repr	esents or is actively s	seeking to represe	ent.		
monetary value from an en	nployer whose employees your over (including trade name, if any).	r organization repr	esents or is actively structure of Interest, Transa	seeking to represe	ent.		
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Name of Person Filing Diane Brown	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Theatrical Accounting Services, Limited Trade Name, if any: P.O. Box, Bidg., Room No., if any P.O. Box 701462 Street City Tulsa State Oklahoma ZIP Code + 4 74170-1462 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.					
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Dividend on stock held.					
Street	11.b. Approximate dollar value of such dealing.	\$300				
City	12.a. Nature of interest held or income received.					
State Oklahoma ZIP Code + 4	Owns 20 shares of stock. Total shares issued, 1,000. Approximate value per share, \$130.	00.				
	12.b. Amount.	\$300				
		Construction and the construction of the const				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name		Access Ac				
Trade Name, if any:		Activation of the control of the con				
P.O. Box, Bldg., Room No., if any		ne serve économitée.				
Street	da alaman da ana ana ana ana ana ana ana ana an	The second Comment of				
		a de la companya de l				
State ZIP Code + 4						
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.					